Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	06-29-2014	Street:	200 SR 458
Incident #:	14ISPC005384	Apt, Lot, Room #:	
County:	Lawrence	City:	Bedford, Indiana
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			on (check all that apply)
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown			
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): Roadway ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium):		Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under age 18 discovered (check appropriate)			
Yes (number present) No Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: N/A Additional Information:	
Vehicle, Travel Trailer, RV or Watercraft Information:			
Owner: VIN: Year:		Make: Model: Color:	
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depar	ent: <u>TWP FD</u> tment County: <u>Lawrence Co</u> of Child Services Hotline: <u>dcshotlinerep</u>	Fax: 812	AND DELIVERED 2-275-1094 Fax: 317-234-7595 or 317-234-7596
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Josh Allen</u> Phone <u>812-332-4411</u>			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.